

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028654

FILED VS AUG 17 1959

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 170

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington, Missouri</u>		Length of stay in lb		c. CITY OR TOWN <u>Gerald, Missouri</u>		Inside Limits Yes ☐ No ☒			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) <u>Rural Route 1</u>			Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>WILLIAM</u> Last <u>VOSSBRINK</u>				4. DATE OF DEATH Month <u>August</u> Day <u>5</u> Year <u>1959</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>May 30, 1868</u>		9. AGE (last birthday) If UNDER 1 YEAR: Months <u>2</u> Days <u>11</u> Hours <u></u> Min. <u></u> If UNDER 24 HR: Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			11. BIRTHPLACE (City and state or country) <u>Gerald, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John H. Vossbrink</u>			13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Keller</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT <u>George Vossbrink, Union, Missouri</u> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Cerebral Arteriosclerosis</u> DUE TO (b) <u>aging?</u> DUE TO (c) <u>aging?</u>								INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <u>1:40 A.M.</u> Month <u>Aug.</u> Day <u>5</u> Year <u>1959</u>									
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>2-59</u> to <u>8-5-59</u> and last saw her alive on <u>8-4-59</u> Death occurred at <u>1:40 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <u>Chas A Schmitt</u>		22b. ADDRESS <u>Gerald</u>		22c. DATE SIGNED <u>8-7-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Aug. 8, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Cemetery</u>		23d. LOCATION (City, town, or county) <u>Gerald, Franklin, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Oltmann Funeral Home, Gerald, Mo.</u>		ADDRESS		25. DATE REGD. BY LOCAL REG. <u>8/10/59</u>		26. REGISTRAR'S SIGNATURE <u>John H. Vossbrink</u>			

(Licensed Embalmer's Statement on Reverse Side)

INDEXED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. H. Ottman

Licensed Embalmer No. 4054

P. O. Address Union, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.